

Amendments to the Claims:

This listing of claims will replace all prior versions and listings of claims in the application.

Listing of Claims:

Cancel claims 1-23

Replace with following claims:

24. (New) A surgical method for laparoscopically implanting a spinal fusion implant into a disk space separating a first vertebra and a second vertebra for stabilization of the spine, said method comprising placing a cannula for accessing the spine and passing implantation tools through the cannula.

25. (New) A method according to claim 24 further comprising placing said cannula in alignment with a first location at said disc space.

26. (New) A method according to claim 25 further comprising selecting a distraction spacer having a rigid body with diametrically opposite surfaces separated by a distance equal to a desired distraction of said vertebrae.

27. (New) A method according to claim 26 further comprising passing said distraction spacer through said cannula to said first location.

28. (New) A method according to claim 27 further comprising urging said distraction spacer from said cannula into said disc space at said first location with said spacer distracting said disc space by said rigid body being urged into said disk space and with said opposite surfaces bearing against end plates of said vertebrae to urge said vertebrae apart to said desired distraction.

29. (New) A method according to claim 28 further comprising placing said cannula in alignment with a second location at said disc space.

30. (New) A method according to claim 29 further comprising passing a guide tube through said cannula to said second location with an axis of said guide tube centrally positioned between said end plates;

31. (New) A method according to claim 30 further comprising passing a boring tool through said guide tube to said second location and with said boring tool and guide tube having cooperating surfaces to prevent lateral movement of said boring tube relative to said guide tube as said boring tool is moved axially relative to said guide tube.

32. (New) A method according to claim 31 further comprising boring a bore with said boring tool at said second location into said disc space and at least partially into each of said first vertebra and said second vertebra.

33. (New) A method according to claim 32 further comprising removing said boring tool through said cannula.

34. (New) A method according to claim 33 further comprising passing an implant through said cannula to said second location.

35. (New) A method according to claim 34 further comprising inserting said implant into said bore at said second location.

36. (New) A method according to claim 35 further comprising placing said cannula at said first location.

37. (New) A method according to claim 36 further comprising removing said spacer through said cannula.

38. (New) A method according to claim 37 further comprising passing a boring tool through said cannula to said first location.

39. (New) A method according to claim 38 further comprising boring a bore with said boring tool at said first location into said disc space and at least partially into each of said first vertebra and said second vertebra.
40. (New) A method according to claim 39 further comprising removing said boring tool through said cannula.
41. (New) A method according to claim 40 further comprising passing an implant through said cannula to said first location.
42. (New) A method according to claim 41 further comprising inserting said implant into said bore at said first location.
43. (New) A method according to claim 24 further comprising laparoscopically placing a hollow tube having an open first end and an open second end with said tube placed with said first end positioned against said disc space at a desired implant location.
44. (New) A method according to claim 43 further comprising selecting a boring tool having a guide pin on a distal end thereof and said guide pin having a radial dimension sized to approximate a desired distraction of said disc space and smaller than a radial dimension of a cutting portion of said tool at said distal end, said guide pin attached to said boring tool for movement therewith and prevented from movement independent from said boring tool.
45. (New) A method according to claim 44 further comprising simultaneously inserting said distal end and said attached guide pin into said second end of said tube and passing said distal end and said attached guide pin through said tube to said desired implant location.
46. (New) A method according to claim 45 further comprising advancing said guide pin into said disc space with said pin urging against opposing surfaces of said first vertebra and said second vertebra.

47. (New) A method according to claim 46 further comprising rotating a proximal end of said boring tool external of said tube to cause rotation of said cutting portion with said cutting portion boring into said opposing surfaces.

48. (New) A method according to claim 47 further comprising advancing said distal end into said disc space while continuing said rotation and with said guide pin guiding said distal end by advancing into said disk space simultaneous with an advancement of said cutting portion to maintain an axis of said distal end in parallel and equidistant spacing between said opposing surfaces.

49. (New) A method according to claim 24 further comprising selecting a hollow tube having an open first end and an open second end and with said first end having a plurality of exposed teeth around said open first end to bite into both of said vertebrae, said exposed teeth extending permanently and axially away from said open first end and surrounding a perimeter of said open end.

50. (New) A method according to claim 49 further comprising placing a sleeve around an external surface of said tube with said sleeve having a blunt distal end and with said sleeve slidably placed on said tube with said blunt end surrounding said perimeter and covering said exposed teeth, said sleeve slidable on said tube to a recessed position with said blunt end recessed for said teeth to extend beyond said blunt end.

51. (New) A method according to claim 50 further comprising laparoscopically advancing said first end of said tube and said distal end of said sleeve toward a desired implant location of said disc space with said blunt end contacting said vertebrae at said location.

52. (New) A method according to claim 51 further comprising continuing advancement of said first end of said tube toward said location with said blunt end maintained in contact with said vertebrae at said location and with said sleeve sliding relative to said tube to said recessed position during said continuing advancement and urging said teeth into said vertebrae to fix said

tube first end at said location, whereby said blunt end covers said teeth throughout advancement of said tube first end to prevent injury from said teeth as said first end of said tube is advanced.

53. (New) A method for conducting a medical procedure on the spine, said method comprising placing a cannula for accessing the spine and passing tools through the cannula for conducting the medical procedure on the spine.